

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1892

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
Westport + Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESS-R-STARR
(b) If veteran, name war World War I
(c) Social Security No. unknown
(d) Sex Male Color or race White
(e) Single, widowed, married, divorced single
(f) (b) Name of husband or wife
(g) Birth date of deceased April - 9 - 1892
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 31 If less than one day hr. min.

9. Birthplace Frederick, Colo. (City, town, or county) (State or foreign country)
10. Usual occupation General Worker
11. Industry or business

MOTHER FATHER {
12. Name Jess R Starr Sr
13. Birthplace Saturn County, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Wick
15. Birthplace Jackson County, Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Walter Starr Lyman
(b) Address 7225 E 29
17. (a) Burial (b) Date thereof May 3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 6900 Troost Ave. K.C. Mo.
19. (a) 5-1-48 (Date received local Registrar) (b) Margaret Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Westport + Broadway (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 1 minute 20 P.M.
21. I hereby certify that I attended the deceased from Coroner, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull, Crushed Chest
Due to Fractured Right Forearm + Right Leg
Due to Auto + Pedestrian
Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations 1700-9
Of autopsy no
History + Impression

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 123
(b) Date of occurrence 4-30-48
(c) Where did injury occur? 1st Jackson mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury Auto Train
23. Signature Jess R Starr (M. D. or other) 3
Address 7225 E 29 Date signed 5-1-48

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Blaine E. Weir

Licensed Embalmer No. *4075*

P. O. Address.....

C. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

-If this body is not embalmed, fact should be so stated above.